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ABSTRACT

Data relating to population and family planning in six foreign countries are presented in these situation reports. Countries included are Brazil, Cambodia, Fiji, Malaysia (West), Thailand, and Uganda. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)

ED 058082

# Situation Report

Distribution*

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Country BRASIL

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839--2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 8,511,965 sq.kms.[1] |
| Total population | 51,976,357[1] | 70,119,071[1] | 93,292,100(1970) |
| Population growth rate | | | 2.8%p.a.(1960-70) |
| Birth rate | 43[1] | 41-43 (1960-6)[1] | 38-40 per 1,000 (1969-71) |
| Death rate | 20.6[1] | 10-12 (1960-65)[1] | 11 per 1,000 (1969-71) |
| Women in fertile age group(15-49yrs) | | 16,783,460[1] | 21,862,000(1970)[2] |
| Population under 15 yrs | | 43%[1] | 42% (1970)[2] |
| Urban population | | 46.1%[3] | 56.5%(1970)[3] |
| GNP per capita | | | US$380 (1970) |
| GNP per capita growth rate | | | 5.7%(1970-71) |
| Population per doctor | | | 1,800 (1970) |
| Population per hospital bed | | | 294 (1967)[4] |

Unless otherwise stated the figures have been provided by the Sociedade de Bem Estar Familiar no Brasil (BEMFAM).

1) United Nations Demographic Yearbook

2) Boletín Demográfico CELADE, Santiago de Chile.

3) UN Monthly Bulletin of Statistics, November 1971

4) Fourth Survey of the World Health Situation, 1965-1968, Official Records of the WHO, No.193, WHO June 1971.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

SE 013 173

## I. GENERAL BACKGROUND

At the present growth rate of 2.8% per annum the population of Brasil will double itself within 25 years. Levels of development vary considerably among different parts of the country and there are still areas which are relatively unexplored and unsettled. In the south, in particular in the city of Sao Paulo, living standards are rising rapidly as a result of the area's high economic growth rate, which contributed substantially to the country's total growth rate of 9% in 1970 in real terms. It is the third consecutive year that this level has been maintained.

Cities are growing rapidly following large-scale immigration from the countryside, especially from the north and the north-east, over the past few decades. The metropolitan areas of Sao Paulo and Rio de Janeiro both registered an annual increase of over 6% in the period 1940-1960, over twice the rate of total population growth. According to the preliminary results of the 1970 Census, Sao Paulo has 5.9 million inhabitants and Rio de Janeiro 4.2 million. Three other cities have over one million and four cities between 500,000 and one million inhabitants.

Rapid urban growth has brought many problems, including the appearance of shanty towns, demands for employment, housing, drinking water and environmental sanitation, health and welfare services, and transport. A National Housing Bank has been set up by the Government to finance the building of low-cost housing units and the Government is also increasing its expenditure on education and on a Social Integration Programme, designed to distribute wealth more equally.

The centre-west, north-east and Amazonia regions are poor and under-developed. Their vital statistics are unreliable and it is likely that the birth, death and infant mortality rates are considerably higher than the national average. Lacking adequate communications and facilities, and relying almost totally on primitive agricultural production, these areas have high levels of unemployment, illiteracy and malnutrition. The north-east in particular, composed of 9 states with a population of 37 million people, faces lack of productive employment and food shortages, arising from its backward agricultural structure and compounded by serious droughts in early 1970. The Government has established development corporations to stimulate and coordinate investment and economic activity in this and the other backward regions.

### Ethnic

1950: white - 62%, mixed - 26%, Negro - 11%.

### Language

Portuguese

### Religion

The majority of the population are Roman Catholic.

### Economy

Agriculture is the source of 19% of national income and 70% of total

exports. The chief products include coffee, cocoa, cotton, sugar, tobacco, beans, maize, rice, live animals, pine wood, and sisal.

Industry is expanding, in particular in the Sao Paulo area which accounts for over 50% of the national total. Steel and engineering works have been established as part of national development plans. Exports include manufactured and processed goods, motor cars and vehicles, machinery and parts. Raw materials being mined include iron and manganese; oil and copper are being developed.

There has been a high level of basic infrastructure investment over the past decade with support from international and foreign lending agencies. Large scale hydroelectric power and transport projects are among those in operation.

Communications/Education

The country's huge size and geographical diversity are an obstacle to transport and communications. Domestic airlines provide important services and there is heavy investment in the development and modernization of the road, railway and river systems.

The press is subject to control under the Censorship and National Security Laws of 1968 and 1969. In 1968 there were 250 daily newspapers (37 per 1,000 inhabitants). Radio and television services are growing: there are 395 commercial radio broadcasting stations and 5.7 million sets (1970), and 52 commercial television stations and about 6.1 million sets (1970).

The Government is devoting an increasing amount of expenditure to the expansion of educational facilities. Although literacy rates rose for children under 15 years of age from 49% in 1950 to 60% in 1960, the absolute numbers of illiterates under the age of 15 increased from 11.4 millions in 1950 to 15.8 millions in 1960.

Education is free in official primary schools and is compulsory between the ages of seven and 14 years. There is a high drop-out rate and, in particular in rural areas, a large number of children are illiterate or have less than four years of schooling. The majority of secondary schools are private and the Federal Government is responsible for higher education. There are 46 universities.

Medical/Social Welfare

Medical and health services are not able to meet the population's needs, in particular in rural areas. The Federal Ministry of Health provides public services which, at the end of 1967, included maternal and child health centres. An estimated 85% of all births take place outside a hospital and are attended by traditional midwives. Illegal induced abortion is a serious health problem. A recent estimate puts the number of induced abortions at approximately 1.1 million per annum.

## II. FAMILY PLANNING SITUATION

The Federal Government does not support family planning. A private association provides family planning services and a further 2.5 million women a year are estimated by the pharmaceutical companies to be using

oral contraceptives bought commercially.

Attitudes

The governing classes are pro-natal and there is strong opposition to family planning. After the Papal Encyclical in 1968 the military Government officially supported the ban on artificial contraceptives, and refused to implement a national population control programme. During the UN General Assembly in September 1969 Brasil's foreign minister criticized the support of the USA and the World Bank for controlled population growth.

However recent developments indicate a gradual change in the official attitude. In 1969 three prominent ex-ministers publicly spoke in favour of reducing Brasil's population growth rate. By early 1970 there was a noticeable reduction in the number of press articles against birth control and family planning, and a growth of favourable or at least neutral comment.

In 1970 the private family planning association worked with members of Congress on the revision of the law prohibiting advertising or propaganda about birth control. It emphasised the contribution made by family planning to health, in particular to mother and child care.

In 1971, two events indicated a slight change of attitude in official circles towards family planning. The private association obtained 'public utility' status from the Federal Government, and signed agreements with two state governments to extend family planning services in those states.

Legislation

The importation, advertisement and sale of contraceptives are prohibited; however condoms can be sold as prophylactics and the pill is sold as a drug for gynaecological cases. Both are sold quite freely over the counter, in particular the pill. Articles 124 and 128 of the Penal Code refer to abortion. Anyone inducing an abortion is liable for up to ten years' imprisonment; a woman who allows an illegal abortion to be performed on her is liable for up to three years' imprisonment. Abortion performed by a doctor is not punished if:-

1) There is no other way of saving the mother's life.
2) The pregnancy is the result of rape: abortion is then only performed with the woman's consent.

Family Planning Association

History

The private family planning association, the Brasilian Family Welfare Society, BEMFAM, was founded in November 1965 during the National Gynaecological Congress. Its founders intended to reduce the rate of illegal abortion through family planning and responsible parenthood. Its services have spread rapidly and have benefited from the support and cooperation of a number of university departments. In 1970, 14 of BEMFAM's clinics were pilot clinics in the universities.

In 1968 the Society successfully contested a charge of unethical conduct and genocide filed with the Federal Ministry of Justice and received a favourable hearing with the support of the Federal Council of Medicine. It succeeded in having an extensive declaration on the real objectives of birth control in Brasil approved and signed by 72 leading professors of Obstetrics and Gynaecology.

The Society has signed agreements with the mayors of two important industrial cities, Campinhas, in Sao Paulo and Ciudad Paulista, in Recife, for the development of cooperative projects on family planning in both municipalities. In 1971, agreements were signed with two state governments.

In 1967, the Society became a member of the IPPF.

Address:

Sociedade de Bem Estar Familiar no Brasil - BEMFAM,
Rua das Laranjeiras, 308-GB-ZC.01,
Rio de Janeiro, G.B.,
BRASIL.

Personnel:

President: Prof.Octavio Rodrigues Lima, M.D.,

Executive Secretary: Prof.Walter Rodrigues

Services

At the end of 1970 the Society was running 59 clinics, located in private facilities, general and maternal and child health centres, hospitals, and university departments. 70,461 new acceptors were served of whom approximately 81% used the oral pill and approximately 17% the IUD. There were 420,565 follow-up visits, approximately 86% of which were by women using the oral pill and approximately 14% by IUD users.

By August 1971, there were 75 clinics in operation. Under the agreements signed with the State Governments of Rio Grande do Norte and Espirito Santo, the Governments recognize BEMFAM and agree to assist the extension of family planning services within their territories. Seven new clinics are to be opened in Rio Grande do Norte bringing the total to 18, and 14 new clinics are to be opened in Espirito Santo, bringing the total in that state to 27. As far as they are able, the State Governments are to make available executive and administrative personnel, clinic and office premises, and some clinic equipment and supplies. BEMFAM is to train clinic personnel, and to provide the resources including supplies for the running of the clinics. The initiation of these two programmes marks significant progress for family planning in Brasil.

BEMFAM provides cytology as well as fertility services. In 1970, 52,800 cytology examinations were made.

Education/Information

In view of the prohibition on contraceptive publicity, BEMFAM does not use the mass media to any extent but rather approaches members of the community through meetings and the distribution of publications. It aims its activities at two groups in particular: firstly, the women who

attend clinics and who are informed and motivated through group and individual meetings and talks, and through film and slide shows, and secondly, comm unity leaders including technicians, medical and other professionals, journalists, officials, and administrators, in order that they might help to promote federal and state government acceptance of their responsibility for family planning. This second group is approached by seminars, two of which were held in 1970, by the distribution of the BEMFAM Bulletin, and through direct personal contacts. Members of these sectors also participate in BEMFAM's training programme.

Training

BEMFAM runs a training institute in Rio de Janeiro at which not only professional training in family planning is provided for medical and paramedical personnel but other key members of the community are motivated in favour of family planning, in particular to press for official support of family planning services.

In 1970, 12 one-month courses were held with a total of 213 participants. Doctors, professors, social workers, nurses, sociologists, engineers, and priests attended. The programme is continuing in 1971 and 1972, to reach as wide a range of persons as possible.

Resource Development

In June 1971 the BEMFAM Fund was initiated to support family planning programmes in Brasil. It is hoped to raise US$250,000 as a minimum target in 1972.

Other Institutions

Servico de Orientacão da Familia: (Family Guidance Service).

The Family Guidance Service was established in 1964 to provide family planning and guidance services supported by educational, social and psychiatric programmes. It advises clients on fertility and infertility problems and also on marriage and the family. Financing comes from overseas support, channelled through the World Council of Churches, from members' donations and other private contributions, and from patients' fees. The organization operates three clinics which while they do not offer contraceptive services, advise clients who have problems of fertility control and refer them to other institutions. In 1970 there was a total of 19,297 visits, and in the Central Clinic the majority of the clients were seeking fertility advice. The medical service programme includes gynaecological examinations, and a cancer detection service.

Address:

Servico de Orientacao de Familia,
Av. Santo Amaro 34, C.7,
Sao Paulc,
Brasil.

Personnel:

Executive Secretary: Uilean Fonceca de Carvalho.

Sources

- Annual Report for 1970 presented by BEMFAM to the IPPF.
- The Europa Yearbook , VOL.II, 1971.
- Abortion Laws: a survey of Current World Legislation. WHO Geneva, 1971.
- 'Population Bulletin': published by the Latin American Department of the Population Reference Bureau. VOL.II. No.3 May 1970.

# Situation Report

Distribution *

Country CAMBODIA

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE STATISTICS |
|---|---|---|---|
| Area | | | 181,035 sq.kms.[1] |
| Total Population | 4,074,000 | 5,440,000 | 6,701,000 (1969)[1] |
| Population Growth Rate | | | 2.2% p.a.(1963-69)[1*] |
| Birth Rate | 51 | 41.4 | 50 per 1,000(1968)[2] |
| Death Rate | 30 (1954) | 19.7(1966) | 20 per 1,000(1968)[2] |
| Infant Mortality Rate | | 127(1959) | 127 per 1,000(1970)[4] |
| Women of Fertile Age(15-44) | | | 1,204,305(1968)[2] |
| Population under 15 | | | 44%(1968)[4] |
| Urban Population | | | 12.8%(1970)[5] |
| GNP Per Capita | | US$70 | US$120(1968)[3] |
| GNP Per Capita Growth Rate | | | 0.6%(1961-68 averate)[3] |
| Population Per Doctor | 39,000 | | 22,260 (1966)[1] |
| Population Per Hospital Bed | 1,328 | | 1,320 (1965)[1] |

1) UN Statistical Yearbook 1970

2) UN Demographic Yearbook 1969

3) World Bank Atlas 1970

4) Population Reference Bureau, Data Sheet 1971

5) Calculated from - World Urbanisation 1950-70, Volume I - Basic Data for Cities, Country and Regions by Kinglsey Davies - a Population Monograph series, University of California, Berkeley, U.S.A.

* Estimate of Ministry of Labour - 3.2%

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Formerly a French Protecturate, Cambodia achieved independence in 1953 and was a constitutional monarchy until March 1970 when Prince Sihanouk was overthrown by a coup. The new Government, which is largely composed of members of the former ministry, has not yet abolished the monarchy, but has a civilian commoner as temporary Head of State.

The capital is Phnom Penh with a population of approximately 394,000. The population density is 37 people per square km. The average household number 5.1 members.

### Ethnic Groups

The majority of the population are Khmer (5,334,000). The significant minorities are Vietnamese (218,000), Chinese (163,000) Cham (85,000) and Europeans (5,000).

### Language

Cambodian (Khmer) is the officiallanguagespoken by all except the Vietnamese and Chinese minorities. French is the second official language.

### Religion

The majority of Cambodians practise Therevada Buddhism. There are nearly 20,000 Buddhist priests at any one time.

There are also about 57,000 Roman Catholics, mostly Vietnamese and Europeans.

### Economy

The economy is based on agriculture and fishing. Rice is the staple food crop and principal export. Rice, together with rubber, maize and pepper constitute about 92% of exports. Industrial development is concentrated on small-scale import-substituting enterprises such as textiles and paper making.

Cambodia receives aid from various foreign countries.

US$1 = 140Riel. (The government has applied a flexible exchange rate since October 1971 in consultation with the International Monetary Fund).

### Communications/Education

The Khmer National Radio service broadcasts in Khmer, French, English, Thai, Chinese, Laotian and Vietnamese. In 1968 there were approximately 1,000,000 radio receivers. An experim ental television service was started in 1962, and in 1969 there were 50,000 TV receivers. In 1968,there were 26 daily newspapers with a circulation of 145,000. Education in Cambodia has traditionally been in the hands of Buddhist priests, but state facilities are expanding rapidly. In 1967-8 there were nearly a million primary school students and nearly 100,000 secondary students. There are two universities in Phnom Peng, and 12 other institutes of higher education.

## Medical

6% of budgetary expenses go to public health services, and there are over 600 hospitals and dispensaries

Life expectancy (1958-59) - male: 44.2 years
female: 43.3 years

## FAMILY PLANNING SITUATION

There is no organised family planning activity in Cambodia. Some years ago, Prince Sihanouk's Government was opposed to family planning, on the basis that Cambodia was under populated, with large areas of unexploited land. More recently the Prince stated that the unlimited increase in population was one of the present problems of the government.

There is an increasing interest in family planning in medical circles in Cambodia but it is clear that any activities in this field would have to await Governmental approval. There is strong opposition to family planning among the Roman Catholic minority.

It seems that despite the lack of official approval for family planning, oral contraceptives are obtainable, and abortions are relatively common.

## Legislation

The French anti-contraceptive Legislation of the 1920s is still on the statute book. Oral contraceptive is illegal but a small quantity is imported by the Ministry of Health for medical purposes.

Section 459 of the Penal Code prescribes that abortion is not punishable where it constitutes a necessary measure to save the life of the mother and is performed by a qualified physician after the authorities of the commune have been notified.

# Situation Report

Distribution *

Country FIJI

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 18,272 sq.kms. |
| Total population | 289,000 | 394,000 | 524,457 (1970)[1] |
| Population Growth Rate | 3.4% p.a. | 3.4% p.a. | 2.5%(1966-1970 average)[1] |
| Birth Rate | 39.9 | 39.9 | 29.64 per 1,000(1970)[1] |
| Death Rate | 11.2 | 6.6 | 4.66 per 1,000 (1970)[1] |
| Infant Mortality Rate | 56.6 | 36.1 | 18.7 per 1,000(1970)[1] |
| Women in fertile age group (15-44yrs) | | | 106,419 (1968)[4] |
| Population under 15 | | | 45% (1971)[2] |
| GNP per capita | | | US$330 (1971)[2] |
| GNP per capita growth rate | | | -0.6% (1961-68 average)[3] |
| Population per doctor | | | 2,200 (1968)[5] |
| Population per hospital bed | | | 320 (1967)[5] |

1) Local Estimate

2) World Population Data Sheet 1971 - Population Reference Bureau Inc.

3) World Bank Atlas 1970

4) UN Demographic Yearbook 1969

5) UN Statistical Yearbook 1970

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* This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Fiji, which gained independence in October 1970, comprises 844 islands and islets, of which only 100 are permanently inhabited, but many more are used by Fijians for planting food crops or as temporary residences during the turtle fishing season. Suva, the capital and chief port, has a population of 134,426. Population density in 1969 for the whole area was 28 people per square kilometre. The average household comprises 6.3 members.

In 1970, it is estim ated that there were 225,102 Fijians, 266,189 Indians, 5,286 Europeans, 9,528 part-Europeans, 6,572 Rotumans, 6,837 other Pacific Islanders and 5,008 Chinese.

### Language

English, Fijian and Hindustani are the main languages. English is the official language and the medium of instruction in all secondary schools.

### Religion

The main religions are, Christian Methodism practised by most Fijians, Hinduism practised by the Indians, plus Roman Catholic and Muslim minorities.

### Economy

Agriculture is the main basis of the economy, and in 1968, raw sugar and coconut products made up about 77% of total exports. Rice, bananas, dairy produce and vegetables are important products. Gold mining is a major export industry and secondary manufacturing industries are developing steadily. Forestry has a big potential in export. Tourism is growing rapidly. The Five-year Development Plan 1966-1970, provided for capital expenditure of £20.5 million, spread over almost every aspect of the territory's activities.

US$1 = 8.25 Fiji shillings.

### Communications/Education

Fiji Broadcasting Commission broadcasts in three major languages. In 1969 45,000 radio receivers were being used, i.e., 87 per 1,000 population. There was one daily newspaper with a circulation of 14,000, i.e., 26 per 1,000 population. In 1968 there were 600 primary schools, admitting 86% of children of school age. It is hoped to increase school places to accommodate 90% of children in the near future. There are 51 secondary schools, and free or partly-free places are awarded to deserving pupils in all of them. There are three primary teachers' training colleges, 14 technical and vocational colleges and one Medical School.

### Medical

Life expectation is high for both men and women - about 70 years. Clinical services are provided almost entirely by the Medical Department and a few private practitioners have concentrated mainly in the larger centres of population. The facilities available for the provision of services are 45 health centres, eight rural hospitals, six district hospitals, and four divisional hospitals. In addition there are three special hospitals for the treatment respectively of TB, leprosy and mental illness, and a further hospital maintained by the Methodist Mission. There is one Medical School in Fiji.

## FAMILY PLANNING SITUATION

The Government of Fiji has a well established family planning programme, in which the Family Planning Association plays a major role, particularly in the field of education.

Fiji provides an excellent example to other countries with population problems. Having once been described as facing the most dangerous situation in the Pacific region (4.2% birth rate in 1959) it has successfully reduced this to 2.5% in 1970; this was achieved through the highly successful national family planning structure and organisation jointly established by the Medical Department and the Association since 1963. The mass media are used extensively to persuade the people to plan their families and to obtain family planning advice and supplies, at their health stations, all as part of maternal and child welfare in the public health service.

It is interesting to note that in the past the Indian birth rate declined faster than the Fijian birth rate. However, the evidence is, that family planning is gaining acceptability amongst the Fijian population as well. Between 1965 and 1970, the Indian birth rate was reduced from 37.29 per 1,000 to 30.75 per 1,000; while the Fijian birth rate in the same years was reduced from 36.19 per 1,000 to 28.95 per 1,000.

Fiji provides assistance to the Kingdom of Tonga, the Samoas, the Cook Islands, Gilbert and Ellice Islands and other neighbouring island territories. The President of the Association made two visits to Tonga in 1970, and helped form the Family Planning Association there.

### Attitudes

The Government officials attitude is all in favour of family planning as seen from government officials' speeches from time to time. The Governor-General speaking at Fiji's first parliament in November 1970, said "..... in recent years, due in part to a well planned and well received family planning programme, the rate of population growth has slowed down, this does not solve the problem for the immediate future. The people entering the labour force during the next five years were already born ten years ago or more. It is therefore vital that every effort be made to meet the situation".

### Legislation

Until 1969, the Parmacy and Poisons Ordinance forbade advertising and sale of contraceptives by shopkeepers. The Family Planning Association campaigned against this law, and a Bill has been passed amending the law and enabling the Association to advertise contraceptives. The Association has received formal authority to use its emblem on windows of shopkeepers who offer condoms, sponges or other lawful contraceptives for sale.

### Family Planning Association

Address: Family Planning Association of Fiji,
G.P.O. Box 149,
Suva, FIJI.

The Association was founded in 1963, and became an IPPF member in 1967.

Personnel

| | |
|---|---|
| Patron: | Lady Foster |
| Vice-Patrons: | Lady Maddocks, Lady Jakeway, Lady Garvey, Dr. Elizabeth Stewart |
| President: | Hon.Senator R.L. Munro, C.B.E.,LL.B., |
| Vice-Presidents: | Hon. W.M. Barrett, M.L.C. |
| | Hon.Mr. Justice TiKaram, LL.B., |
| | Hon. Rat Sir Edward Cokabau, K.B.E., M.C., E.D., M.P. |
| Treasurers: | Mrs. M. Palmer |
| General Secretary: | Mrs. J. Peterson |

Services

All clinical services are provided by the Government. In 1970, the Association introduced a new factor which may result in an accelerated lowering of the birth rate. With the assistance of IPPF and through the Swedish International Development Agency, the Association supplied condoms to general storekeepers throughout Fiji and they were for the first time enabled to sell condoms at subsidised prices to the general public. Deliveries were at the rate of 18,000 per month. Retail selling prices, which were the same as at government clinics were 1¢ each against chemists prices of 3 for 25¢ or more.

Information/Education

I.& E. is the responsibility of the Association which has achieved a great success in this field. In 1970, the Association held group meetings in public places, schools, libraries, etc. It also reached the public through the press (advertisements twice a week in English, Fijian and Hindustani press); film shows (all cinemas show Association slides) and radio (radio spots every day in the Fijian and Hindustani sessions). Efforts were made in 1971, through more intensive and better planned press and radio advertising.

The Association owns 17 films - and there is a possibility of producing motivational films. The Association also produces three different leaflets, each in English, Fijian and Hindi and a bi-monthly newsletter - World Population and Planned Parenthood, which is very popular.

The Government Medical Department helps in providing transportation to the Association for use in family planning education.

GOVERNMENT

The target of the government programme is to reduce the birth rate to 25 per 1,000 and the population growth rate to 2 per cent.

Personnel: Director of Medical Services:
Dr. Charles H. Gurd O.B.E.,
Family Planning Officer:
Dr. B.K. Rimmer

Services

The Government provides all family planning services through all its hospital establishments and health stations. In 1970, there was an increase of nearly 40% in clinic attendances over 1969.

| Year | Total Attendances |
|---|---|
| 1967 | 28,359 |
| 1968 | 49,803 |
| 1969 | 55,661 |
| 1970 | 76,843 |

Training

Fiji records the highest number of paid doctors, nurses and midwives since all medical staff are to some extent involved in family planning service. The Government Medical Department trains its own personnel in family planning techniques. Fieldworkers are being used for general education and motivation work.

Other Organisations

International Planned Parenthood Federation - provides assistance to the Association and since 1970 is also supplying condoms. (See under services).

USAID provides contraceptives.

United Kingdom Overseas Development Administration supports the family planning programme.

Population Council - Fiji participated in the Population Council's IUD programme and receives IUDs from this source.

OXFAM - In 1966 Oxfam provided financial assistance for clinics in Suva.

The Fiji Hibiscus Festival Association Charity Chest gave $935 to the Association to buy a vehicle.

SOURCES

1) Annual Report 1970 - Family Planning Association of Fiji.

2) World Population and Planned Parenthood published by Family Planning Association of Fiji - all numbers from January - August 1971.

3) UN Statistical Yearbook 1970

4) UN Demographic Yearbook 1969

5) Europe Yearbook 1970

6) World Bank Atlas 1970

7) World Population Data Sheet 1971 - Population Reference Bureau

# Situation Report

Distribution *

Country MALAYSIA (WEST)

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 131,313 sq.kms.[1] |
| Total Population | 5,190,000 | 6,909,000 | 8,801,399(1970)[2] |
| Population Growth Rate | | | 2.8%(1963-69)[1] |
| Birth Rate | 44.1 | 40.9 | 35.2 per 1,000(1968)[1] |
| Death Rate | 15.4 | 9.5 | 7.6 per 1,000(1968)[1] |
| Infant Mortality Rate | 97.3 | 68.9 | 42.2(1968)[1] |
| Women of Fertile Age (15-44) | | | 1,230,000(1970)[2] |
| Population under 15 years | | | 44% [5] |
| Urban Population | | | 45.3%[4] |
| GNP Per Capita | | | US$360 (1970)[2] |
| GNP Per Capita Growth Rate | | | 4.3%(1961-68average)[3] |
| Population per doctor | 8,600 | 6,500 | 4,220(1969)[1] |
| Population per hospital bed | 232 | 286 | 260(1968)[1] |

1) UN Statistical Yearbook 1970

2) Local Estimate - Country Report:West Malaysia - S.E.A. & O. Regional Workshop on Administration in voluntary family planning, September 1971.

3) World Bank Atlas 1970

4) UN Statistical Monthly Bulletin, November 1971.

5) Reference Bureau - World Population Data Sheet 1971

*This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

West Malaysia consists of 11 States on the Malayan Peninsula; the Malaysian Federation is made up by the addition of Sarawak and Sabah in North Borneo. Malaysia's Head of State is one of the nine State Monarchs who is elected for a five-year period.

Malaysia is a tropical country and about four-fifths of the country is covered by forests and swamps. Population density in West Malaysia is 67 per square km. Over one half of the population live in communities of 5,000 or more, with the urban sector increasing more rapidly than the population as a whole. Over three-quarters of the population are concentrated in the coastal areas, where the density is nearly double the average for the country as a whole.

### Ethnic Groups

1969 estimate - 51% Malays, 36% Chinese, 11% Indian and 2% others.

### Language

The official language is Malay (Babasa Kebangsaan), English is widely spoken; some Chinese dialects and Tamil are also spoken.

### Religion

More than half of the population are Muslim, particularly the Malays. Islam is the official religion. There are Buddhist and Hindu minorities.

### Economy

Malaysia is the world's leading producer of natural rubber, accounting for 35% of the world's total output. Malaysian economy relied heavily on production and export of rubber and tin for foreign exchange. There is a serious problem of unemployment rising from 6.5% in 1965 to 8.0% at the end of 1970 and the growing population is now estimated to require 160,000 new jobs annually for the next five years (1971-75). About 50% of the economically active population is engaged in agriculture. The second largest crop after rubber is rice. The principal exports are rubber, tin, timber and palm oil.

US$1 = Mal. $13.00.

### Communications/Education

Malaysian radio broadcasts in four languages: Malay, English, Chinese and Tamil. A television station was established in 1963 in Kuala Lumpur. There were over 450,000 radios licenced in 1968 and 134,279 TV receivers by June 1969. In 1969 Malaysia had 35 daily newspapers with a circulation of 6,200,000, i.e., 63 newspapers per 1,000 population.

Education is free and compulsory between the ages of 6 and 15. According to the 1957 census literacy rate in West Malaysia in any language was 51%. There are two universities - one at Kuala Lumpur and the other at Penang. It is estimated that by the year 1982 there will be 2.4 million school-age children.

## Medical

Medical services are provided by the Government. The medical and health services were expanded in 1967 and during the Second Five Year Development Plan (1966-1970) the expansion of health services in the rural area was particularly stressed. Hospital admission, hospital out-patient attendances and maternal and child health clinic attendances had increases of 40%, 81% and 42% respectively during the ten year period of time from 1957 to 1967.

## FAMILY PLANNING SITUATION

There is a Federation of Family Planning Associations in Malaysia. The Government accepted responsibility in 1964 for a family planning programme and set up a National Family Planning Board (NFPB) in 1966. The Malaysian Government was one of the original signatories to the United Nations Declaration on Population.

It is a member of the Intergovernmental Coordinating Committee of South-East Asia Regional Cooperation in Family and Population Planning.

## Legislation

No anti-contraceptive legislation exists. Abortion is illegal except on medical grounds. No data is available on number of abortions. But approximately half the gynaecological admission at the General Hospital, Kuala Lumpur result from illegal abortion. A study of a thousand abortion cases in this hospital in 1962 showed abortions to have been 14.7% of all delieveries in the same period. Many of the abortions seen were spontaneous, but enough were known to nave been induced.

## Family Planning Association

Address: Federation of Family Planning Associations,
59 Jalan Templer,
Petaling Jaya,
Selangor,
Malaysia.

Personnel:

| | |
|---|---|
| President: | Tunku Tan Sri Mohamed bin Tunku Besar Burhanuddin |
| Vice-Presidents: | Dr.L.S. Sodhy<br>Tunku Maimunah binte Sultan Ismail<br>Dr. S. Lourdenadin |
| Chairman: | Puan Sri Rosalind Y.C.Foo |
| Vice-Chairman: | Dr. T. Deveraj |
| Secretary-General: | Dr. T. Visvanathan |
| Treasurer-General: | Inche Mohamed Desa bin Pachi |

Chairman, Education & Publicity Sub-Committee: Mrs.R.Wan Daud

Chairman, Information & Education Sub-Committee: Mrs. M.K. Butcher

Chairman, Training Sub-Committee: Mrs.C.A.J.Potter

Chairman, Finance Establishment Sub-Committee: Inche Mohamed Desa bin Pachi

## History

First organised family planning activity began in July 1953, with the formation of the Family Planning Association of Selangor, followed by the formation of Associations in Johore, Perak and Malacca. In 1958, these Associations formed the Federation of Family Planning Associations (FFPA), with headquarters in Kuala Lumpur which became a member of the IPPF in 1961. By 1962, the Federation was made up of 11 autonomous Associations, one for each state in West Malaysia. IPPF South East Asia and Oceania Regional Office is located at Kuala Lumpur.

Close cooperation exists between the FFPA and the NFPB, with representatives of the Federation sitting on all the main committees such as Central Coordinating Committee, Joint Services and Evaluation, Training and Information Sub-Committees. In 1970, representatives of the FFPA, participated in the preparatory planning meetings organised by the NFPB and the Malaysian Government such as - the Second Malaysian National Seminar on the General Consequences of Population Growth; Combined Conference on Evaluation of the Malaysian National Family Planning Programme and the East Asia Population Programme and the South East Asia Ministerial Conference on Regional Cooperation in Population and Family Planning.

Close cooperation and liaison are maintained with women's organisations of all kinds, universities and government departments.

## Services

In 1970, FFPA operated one clinic at the Demonstration Training Centre and through the FPAs provided family planning services at a total of 164 clinics and 143 rubber plantations in the 11 states. During 1970, a total of 20,121 clinic sessions were held, and the total attendance was 290,309, of these 17,266 were new patients.

The FPA clinics offer a cafeteria type of service, but oral contraceptives are most popular. In 1970 a total of 385,557 cycles of oral contraceptives were issued to patients.

## Training

The Demonstration Training Centre (DTC) has played an important part in training family planning workers since 1966, when it was set up, with the help of a special grant from IPPF. The training provided covers every aspect of clinical family planning service and the supporting fieldwork of motivation, including follow-up of patients and home-visiting.

The number of people trained is determined by the requirements of the State Associations and government. The type of personnel trained include - doctors, state organisers, qualified nurses, assistant nurses, clinic supervisors, clinic assistants, midwives, fieldworkers, clerks, voluntary workers, voluntary government senior nurses, voluntary government nurses, family planning office assistants.

In 1970, the DTC, trained 124 Fedration and Government family planning workers. In addition, 170 Government family planning and health workers attended lectures and/or practical clinic observations. To promote regional cooperation, the DTC organised a three-day course for visiting Indonesian family planning officials.

Information and Education

The period since the NFPB started operations, has been one of re-assessment of the FFPA's role. In 1970, the FFPA assessed its role, and identified the lines along which it would work, in order to complement and supplement the educational work of the NFPB. As a first step FFPA provides family planning orientation courses to strategic groups at both central and state levels. A full time Education and Publicity Officer has been employed since July 1971.

Educational and motivational activities are directed towards:

a) Post partum and high parity women. Personal educational contact work at Maternal and Child Health centres and Maternity Hospitals is routinely undertaken.

b) Men, primarily in rubber estates, industry, police and armed forces.

c) Professional groups - doctors, nurses, teachers, etc. - through seminars, lectures during pre and in-service training.

d) General public through exhibitions, films, shows, publicity, etc.

The Information Section of the Federation is responsible for assembling information and producing background material and factual data to support the work of the FFPA and 11 State FPAs, and gradually establishing the nucleus of the Federation Information Service on family planning and related subjects.

In 1970, one motivational leaflet in five languages was produced and 56,695 of these were distributed. Besides this posters in five languages were also produced.

Evaluation and Research

The Evaluation Section analyses family planning service statistics, characteristics of acceptors, and annual costing of family planning services.

It has also compiled reports on patient drop out by states, analysis of FPA patient work load by states, clinic by clinic service attendances for each state, etc.

In 1970, medical data were collected and the Medical Sub-Committee carried out a five year retrospective study of deaths due to thromboembolism in women aged 15-45 years using oral contraceptives.

In 1970, in addition to the above mentioned evaluation, the Section made (a) a detailed analysis of family planning service situation for the whole country, to provide guidelines for discussions of the NFPB/FFPA working group on family planning services (b) carried out research for the identification of the financial impact of integration of family planning services into Rural Health Centres, and of withdrawal of voluntary family planning services from Government health premises.

Government

Address: National Family Planning Board,
Bagunan Umno Selangor,
Peti Surat 416,
Jalan Ipoh, Kuala Lumpur,
Malaysia.

Personnel: Chairman: Enche Mohamed Khir Johari
Director-General: Dr. Ariffin bin Marzuki

## History

The Government accepted responsibility for family planning programme in 1964. The Family Planning Act was passed by the Parliament and received Royal Assent in April 1966. The National Family Planning Board (NFPB) came into existence as an interministerial organisation, having statutory powers and autonomy. Five Divisions were established in the NFPB - Service and Supplies; Training; Information; Evaluation and Research, and Administration.

The NFPB commenced functioning in June 1966 with the target of reducing the rate of population growth from 3% to 2% by 1985. Before commencing, a KAP study on family planning was conducted by the Department of Statistics with technical assistance from the University of Michigan.

## Services

In the national programme, service is provided through the following channels: NFPB main clinics, substations and mobile clinic teams; voluntary family planning associations; those plantations which participate in the national programme; the Federal Land Development Authority Schemes, and private practitioners. Clinical services are supported by face-to-face motivation at hospitals, maternal and child health centres by the NFPB and FPA staff. The NFPB services programme was planned to be carried out in four phases beginning with the large metropolitan areas in Phase I and expanding to rural areas in Phase III and IV. Phase I, which covered seven large municipalities with maternity hospitals attached to general hospitals involving a total population of about 1.5 million was completed in1967. In 1968, the Phase II, expansion of services into smaller cities was accomplished. Twenty-eight district hospitals and some adjoining health centres were opened. In Phase III family planning services were extended to the remaining district hospitals, main health centres and sub-centres.

Since 1970, Phase IV of integrating family planning into government rural health services is being implemented. To implement this programme the NFPB trained 230 Ministry of Health staff. State coordinating committees have been formed to conduct the programme. Evaluation studies are being undertaken to analyse administrative methods, contraceptive distribution and role of auxiliary health personnel in motivation.

The Board has set out a target of recruiting over 400,000 acceptors by the end of 1971. This would mean approximately 30% of married women15-44 years of age. Currently, 186 estate and 100 private medical practitioners are participating in the national programme. The National Family Planning Board was operating 74 state and 415 mobile clinics. By September 1970, the Board had a total of 325 staff. In 1970, a total of 55,981 new acceptors were recruited.92% of the acceptors chose oral contraceptives.

All types of contraceptives are freely available and injectable methods were tried out with success.

Orals are supplied at a fixed price of M$1.00 (US 33 cents) per cycle. A small registration fee is also charged. However free orals and registration is made available to those who cannot afford to pay. On an average 75% orals are sold and 25% are given free. Other contraceptive methods are provided free of charge.

Training

The Training, Population Education and Research Division conducted a total of 45 training courses in 1970. Of these, 27 courses were held in Kuala Lumpur and 16 outside Kuala Lumpur. In these courses 898 family planning personnel were trained - 107 were the Board's staff, 542 from the Ministry of Health and 149 traditional midwives.

The training division intends to train approximately 1,069 persons in 1971. Fifty-eight courses have been scheduled, covering all categories of staff, particularly village midwives and Ministry of Health staff. It is hoped to train 500 village midwives by the end of 1971.

Information/Education

All information and mass media channels have been utilised in the educational campaign. The 1970 information/publicity programme gained momentum in rural areas in view of the integration programmes and expansion of Phase III and IV of the national programme. Information activity was stepped up in the Federal Land Development Schemes and Estates.

Field Reports compiled and collected by the Information Division indicate that approximately 183,722 people were reached in 1970, directly by the NFPB officers through 1,516 talks and film-shows. Fifty-eight exhibitions were staged in collaboration with other government departments. Through these a further 119,218 people were reached.

The Rural Broadcast Service of Radio Malaysia includes family planning as a subject, with other subjects like agriculture, health, education, etc. Talks, interviews and publicity of the NFPB's programme is also given through all radio services. Three Bahasa Malaysia, three Tamil, three Chinese and one English interview/forum were conducted by Television Malaysia in 1970.

The Ministry of Information and its mobile units help the NFPB Information Officers by including family planning as one of the subjects for its various civic courses.

The press is widely used to spread the message of family planning. **Bulitin Keluarga,** a monthly news letter is produced by the Information Division and has a circulation of over 5,000 copies.

Research and Evaluation

For evaluation purposes, individual records at the initial visit of every acceptor is made, and copies of all records sent to the NFPB's headquarters monthly. Based on these records programme achievement and acceptor characteristics are analysed. It is hoped to carry out studies and research on the inter-relationship between social, cultural and economicfactors and population changes and on fertility patterns in Malaysia.

A KAP study was conducted from July 1966 to July 1967 and the data collected were published in 1968. An acceptor 'follow-up' survey was carried out by the Evaluation Division with cooperation of the Department of Statistics and the Centre for Population Planning of the University of Michigan. This survey aimed at ascertaining how long the acceptors continued with the methods first accepted, and how successful the method had been in preventing pregnancies.

Findings of the government evaluation scheme indicate that: over 50% of the acceptors are under the age of 30 and 27% are under 25 years old. 41% of all acceptors have three or less living children. Seventy per cent of all acceptors had never accepted family planning before. A high proportion of women accepted family planning for the purpose of spacing.

Other Organisations

IPPF - provides annual assistance and grants to the FFPA.

Swedish International Development Agency - extends technical assistance in the form of contraceptives, transport vehicles and training and information materials.

Ford Foundation - has provided support to the Malaysian family planning programme since 1964. The Foundation has given several funds to the University of Michigan to provide advisory assistance, training and materials.

USAID - has provided funds for contraceptive supplied to the FFPA since 1969.

UNICEF - is providing equipment to the Ministry of Health for midwife clinics and health centres, in addition to the grant given to NFPB for the training of traditional midwives in family planning.

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# Situation Report

Distribution LIMITED

Country THAILAND

Date OCTOBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 514,000 sq.kms.[1] |
| Total Population | 19,635,000 | 26,388,000 | 34,738,000 (1969)[1] |
| Population Growth Rate | 1.9% | 3.0% | 3.1% (1963-69)[1] |
| Birth Rate | 46 | 34.7 | 34.2 per 1,000(1967)[2] |
| Death Rate | 20 | 8.4 | 7.1 per 1,000 (1967)[2] |
| Infant mortality rate | | | 27.9 (1967)[2] |
| Women of fertile age (15-44) | | | 5,600,539 (1960)[2] |
| Population under 15 | | | 43%[3] |
| Urban population | | | 14.8%[4] |
| GNP per capita | | | US$150 (1968)[5] |
| GNP per capita growth rate | | | 4.6% (1961-68[5]average) |
| Population per doctor | | | 8,530 (1968)[1] |
| Population per hospital bed | | | 1,030 (1968)[1] |

1) UN Statistical Yearbook 1970
2) UN Demographic Yearbook 1961
3) Population Reference Bureau Data Sheet 1971
4) UN Statistical Monthly Bulletin, November 1971
5) World Bank Atlas 1970

GENERAL BACKGROUND

Thailand is situated in South-East Asia and extends far south down the narrow Kra penninsula to Malaya. Thailand is one of the very few Asian countries without a colonial history. It is a constitutional monarchy. The King is Head of State and appoints the executive authority and the Council of Ministers.

It is estimated that with the present rate of increase, the population will double in 21 years, reaching about 100 million in the year 2000. Findings of the Population Change Survey (1964-1966) showed that about 15% of all births and 30% of all deaths were not registered through the normal channels. The conclusion was that the rate of population growth

was higher than reported by the Registration Office. Population density is 68 per sq. km.

Bangkok is the capital of Thailand.

## Ethnic Groups

Thai, plus approximately 3.8 million of Chinese descent, the majority of whom are Thai nationals. The ratio of Chinese is particularly high in urban areas; e.g. Bangkok has 30-40%. There are also minorities of hilltribes people, in the North and East.

## Language

Thai. English is the second language in schools. There are several hill tribal languages.

## Religion

In 1960, 95% of all persons were reported Buddhist, approximately 4% were Muslims and '% Christian.

## Economy

Agriculture contributes 30% to gross domestic product, involving 80% of the working population. About 20% of the total area of the country is under cultivation, and much of the remainder is under government-owned forest. Thailand is the world's largest rice exporter (over 1.5 million tons a year). Maize production and exports have risen steeply in the last few years in response to government encouragement. Forestry and fisheries are important elements in the economy. The economy is organised along free enterprise lines with the private sector contributing about 85% of G.N.P.

US$1 = 20.80 baht.

## Communications/Education

There are several radio stations broadcasting in many languages. In 1968 there were 27,766,000 radio sets. There are two TV companies, and in 1968 there were 220,000 TV receivers in use. In 1966, there were 22 daily newspapers, with a circulation of 694,000, i.e., 22 newspapers per 1000 population.

Education between the ages of 7 and 15 is compulsory. At present. however, only 70% of children in this age group are in school. A smaller proportion (53%) of the children aged 7-18 are in school now than there were in 1960 (56%). The literacy rate for those over 10 is 71%. There are seven universities.

## Medical

Government employees enjoy pension rights and sickness benefit. It is proposed to introduce a wider scheme under the Development Plans.

In 1969 there were four medical schools.

Life expectancy for those born in 1960: 53.6 years for males, 58.7 years for females.

There are 410 hospitals and 29,174 hospital beds. Medical personnel, including doctors, nurses and midwives number some 14,000.

Legislation

No anti contraceptive legislation.

Abortion - Abortion is illegal except to safeguard the woman's health or where the woman is pregnant as a consequence of a criminal offence.

FAMILY PLANNING ASSOCIATION

In 1970, the Government formally announced a national population policy and created a National Family Planning Project within the Ministry of Public Health. An Inter-Ministry Coordinating Committee has been set up to coordinate activities of all government departments as far as family planning is concerned. The Thai Government has signed the UN Declaration on Population and is a member of the Inter-governmental Coordinating Committee of South East Asia Regional Cooperation in Family and Population Planning.

From projects carried out in the past few years it seems evident that the attitude of the general public towards family planning is extremely favourable. There are no religious objections towards family planning except in the case of abortion as strict Buddhist opinion is against this practice.

There are two associations in Thailand. The Family Planning Association and the Planned Parenthood Association of Thailand. IPPF gives grants to a few hospitals and PPAT.

Planned Parenthood Association

| | |
|---|---|
| Address: | Planned Parenthood Association of Thailand,<br>Rang Gantarat Building,<br>Chulalongkorn Hospital,<br>Bangkok, Thailand.<br><br>Post Box 1658,<br>Bangkok,<br>Thailand. |
| Telegrams and cables: | PATTAAI, Bangkok. |
| Personnel: | |
| President: | General Netr Khemayodhin |
| Vice-President: | Professor M.L. Kashetra Snidvongs, M.D.,<br>Dr. Chit Hema Chudha |
| Secretary-General: | Professor Khunying Suparb Visessurakarn |
| Treasurer: | Dr. Tuangphark Dhampanij |
| Registrar: | Dr. Vinich Asawansena |
| House Master: | Charanpat Israngkun, M.D. |
| Information Officer: | Mr. Meechai Veeravaitaya |

## History

The Planned Parenthood Association of Thailand (PPAT) was formed in April 1970. The Association established itself with the facilities provided by the Red Cross at Chulalongkorn Hospital. The basic objective of the PPAT is to support the development of an effective family planning programme for Thailand. In attaining this it will work closely with, and will assist in the National Family Planning Project of the Thai Government, particularly through the development of effective public information and education activities. Became IPPF member in 1971.

## Services

Throughout 1971 PPAT in cooperation with the Thai Red Cross Society, the MOPH* and the Bangkok Municipality has provided clinic services. PPAT also operated a mobile unit of the MOPH in the Welfare Centres in Khonkaen and Ratburi.

## Information and Education

Though the PPAT started functioning effectively towards the end of 1970, it is making use of radio and television through bi-monthly programmes, the press, distribution of pamphlets and news letters. The slogan 'Publicise Family Planning' is part of the publicity campaign. It is expected to expand I&E services to produce literature, slides and other motivational material and arrange seminars and workshops.

## Training

A "Model Training Centre" has been established in cooperation with the Family Planning Research Unit of Chulalongkorn Hospital, to train medical and paramedical personnel. An additional demonstration training centre has been established with a municipal health centre to conduct field research. Orientation programmes for local community leaders and special training courses to train volunteer family planning field workers have also been started. By June 1971, 6 training courses were held and 200 participants from all over Thailand trained at the Model Training Centre. By the end of 1971, the training programmes are expected to train 30 doctors, 185 nurses and 37 social workers. PPAT has also trained some groups of doctors from Vietnam.

PPAT with Bangkok Municipality has started the "Wad Tard Tong Population Project" to be carried out over five years. The plan intends to cover 20% of the people in its first year and consequently an increase of 20% every year.

## Other Activities

PPAT has a Fund Raising Committee and plans are underway for a fund raising campaign. It also supports the National Documentation Centres established at the National Research Council of Thailand. The Research Division has approved four research projects in family planning.

Since PPAT is still in the early stages of development, most activity has been centred in Bangkok. Branch associations are being established and it will attempt to develop a range of activities in the near future.

* Ministry of Public Health

## GOVERNMENT

### History

Developments towards setting up a population policy were initiated in 1958 with the recommendations of the World Bank Economic Mission to Thailand. In 1963, a national seminar on population problems in Thailand was held under the auspices of the Thai Research Council. As a result of this seminar the cabinet approved of the setting up of a family growth study in the Pho-thaveau District, organised by the National Research Council and the Population Council, U.S.A. Since then there has been a gradual increase in government involvement and in March 1970, a population policy was approved by the Cabinet. An Inter-Ministry Coordinating Committee was appointed with the Minister of Publich Health as Chairman. The Ministry of Public Health is authorized to implement and operate the family planning programme on a nation-wide scale.

The Family Health Project is directly under the Under Secretary of the Ministry of Public Health and the work is implemented through the Evaluation, Operations and Medical Research and Hospital Operation Units. The objectives of the Project are:

a) to reduce the growth rate from over 3% to 2.5% by the end of 1976

b) to inform and motivate eligible women about concepts of family planning and to make services readily available throughout the country.

c) to integrate family planning activities with overall maternal and child health services, and thus to mutually strengthen both programmes, leading to improvements in the health of mother and children.

### Services

Family Planning Services are integrated into existing health services under the Ministry of Public Health. Under the Department of Health there are 71 Provincial Health Offices, 230 first class health centres, 1808 second class health centres, and 1,728 midwifery centres. The Department of Medical Services is responsible for 84 Provincial Hospitals, 3 Bangkok Hospitals and, 10 Neuro-Psychiatric Hospitals.

The number of acceptors by method and years is as follows:

| Method | 1965-68 | 1969 | 1970 | Total |
|---|---|---|---|---|
| IUD | 121,458 | 54,496 | 74,404 | 250,358 |
| Oral | 17,861 | 60,459 | 132,387 | 210,707 |
| Sterilisation | 47,574 | 15,264 | 18,648 | 81,486 |
| Total | 186,893 | 130,219 | 225,439 | 542,551 |

In 1970, 58.7% of the acceptors chose oral contraceptives, 33.0% IUD and 8.3% sterilisation.

The Ministry of Public Health has initiated projects in many provinces with success, of permitting trained government auxiliary midwives to prescribe oral contraceptives without a physician's examination.

In 1966, 4 hospitals in Bangkok joined the post partum programmes for purposes of an international comparative study. In 1969-70 a further 11 hospitals joined this programme. Approximately 22% of the acceptors in 1970 were attending these 15 hospitals. A follow up survey of these acceptors showed that the IUD continuation rate was 79% at 12 months and 65% at 24 months; the oral contraceptive rate at 12 months was 72%. Some of its many important findings are that 40% of all obstetrical patients at Rajburi MCH Centre accepted female sterilisations in 1970, and on an average 85% of all obstetrical patients in the three MCH Centres accepted an IUD or female sterilization in 1970.

In addition to the facilities of the MOPH, family planning services are also provided by the Bangkok Municipality in its 21 health centres, the teaching hospitals of the Chulalongkorn and Siriraj Medical Schools, McCormick Missionary Hospital, and several other non-Ministry hospitals in Bankok and Chiengmai. Successful mobile clinics are operated by the Chulalongkornand McCormick Hospitals.

There is also a large number of sales of contraceptives over the counter without a doctor's prescription. During 1969 and 1970, an average of 250,000 cycles of pills were sold every month, primarily in urban areas.

## Training

MOPH trained 330 doctors, 700 nurses, 3,090 midwives, 1,985 sanitarians and 20 family planning workers in 1970. In 1970, brief two day orientation courses were held for male sanitarians. A new category of worker was created, in 1970, to supplement the staff in the larger clinics, with 20 of these clinic workers trained in 1970. Bangkok Municipality will conduct one week courses for 30 doctors, 200 nurses, 30 social workers and 30 family planning workers by 1972 in two of its clinics.

## Information and Education

The Population and Social Research Centre at Mahidol University has completed a KAP study in a semi-urban area.

The Thai-American Audio-Visual Services film production unit has produced two films - 'A Family Question' and 'Family Planning at Work'.

A Medical Education Seminar was held in April 1970, to discuss and plan the integration of population/family planning into medical school curriculum. An adult literacy/family planning programme is approved by the Ministry of Education.

## Research and Evaluation

A carbon copy of the basic demographic information on every new acceptor is sent to the Central Evaluation Unit, thus enabling it to compile statistics on patient characteristics. This Unit is responsible for publishing a monthly report of national family planning activities, for periodic analyses of patient characteristics, and for periodic follow up surveys of acceptors. It also has the responsibility to develop and conduct various operational research studies. Some of the characteristics of acceptors in 1970 are as follows - 80% were from rural areas; 90% had four years or less of education; 50% are under the age of 30; 65% had four or less children; 40% began contraception within six months of terminating pregnancy; 80% had no prior practice of contraceptions; and 90% obtained information from person-to-person contact.

In 1970, the Population Census and Household Survey was carried out by the National Statistical office.

Further research is carried out in the Institute for Population Studies, Chulalongkorn University, The National Research Council, and the National Statistical offices.

Plans

The target is 250,000 acceptors in 1971 rising to 400,000 per year in 1974 to 1976 and hence reaching a total of 2,280,000 acceptors from 1970-1976. By 1980 it is hoped to reduce the population growth rate from 3.3% to 2.3% per annum.

The MOPH has prepared a five-year plan to emphasise the priority of the programme, to coordinate and intensify the planning and implementation of family planning information and services, and to establish direct line authority through the Department of Health and Medical Services to the field.

The MOPH plans to -

a) Upgrade health centres and train midwives to expand MCH/FP services in rural areas.

b)Train two categories of fieldworkers - one to work in active clinics and the other in areas not covered by health services.

c) Intensify information and education services by setting up mobile family planning information units.

d) Extend related health services - MCH, day care centres and nutrition education.

Other Organisations

The Inter-Ministry Coordinating Committee was formed to help MOPH to plan and programme its activities together with other institutions engaged in family planning programmes.

IPPF provides grants to the following programmes:

Family Planning Research Unit, Department of Obstetrics and Gynaecology. Faculty of Medicine and Siriraj Hospital, Mahidol University.

In 1970 the Unit had 5,152 new acceptors and 18,601 revisits. Information and Education was provided though individual talks by well-trained persons and through group talks. About 22,000 leaflets on contraception were distributed andexhibitions held. The Unit conducts training programmes for doctors and medical and nursing students.

McCormick Hospital - Chiangmai - has three clinics in the urban area, one rural clinic and two mobile units. In 1970, the mobile units made 126 rural stops and future shows were organised at every stop. In 1970, 9,880 acceptors attended the clinics.

Chulalongkorn Hospital - works through the clinic in the hospital and one mobile clinic. In 1970 - 11,505 acceptors attended the clinics - 9,274 of whom accepted IUD.

The hospital carries out post partum projects, which were originally sponsored by the Population Council in 1966, and now hope to extend the project to Red Cross Satellite Hospital.

Sex education and family planning lectures are provided by the staff to medical and nursing students. Also 30,000 booklets in Thai on the instruction of family planning methods were distributed.

Bureau of Public Health - Bangkok Munipality, provides family planning services through its 24 urban clinics and one mobile unit. In 1970, 6,148 new and 30,212 old acceptors attended the clinics. 22,875 motivational leaflets were distributed and 33 film shows, 5,118 lectures and meetings and 3,299 home visits were organised.

Training is the most important activity of the Bureau. 36 doctors, 85 nurses and 37 social workers were trained in 1970 in 5 training courses of 10 days each. In 1971, it is expected to complete the training for Bureaux personnel.

Thai Medical Association - has three clinics covering an urban population of 9,000,000. In 1970, 739 new patients attended these clinics.

Population Council - has played a major role in financing surveys and research projects and in preparing andproviding overall support to the national programme. It provided assistance to the family planning project at Phothram. It granted funds for research and training to Chulalongkorn University. 14 hospitals and maternal and child health centres are participating in the Councils' International Post Partum Programme. The Council has also provided an advisor to assist the National Research Council in studying the effects of population growth on economic planning.

Pathfinder - has helped the Family Planning Association.

The Brush Foundation - has helped the FPA and the Red Cross at Chulalongkorn Hospital.

UNICEF - is providing assistance for family planning as part of its MCH clinic services. $51,000 was provided for 1969-71 for training mid-wives;equipment and supplies including vehicles have been provided.

WHO - is providing family planning as part of its MCH clinic services.

ECAFE - headquarters are located in Bangkok. It assists with organising seminars and workshops.

Ford Foundation - has given support, advised on training programmes and has provided a population advisor and funds for short-term technical consultants.

Rockefeller Foundation - has given a grant of $133,000 in 1970 to the University of North Carolina for projects in Thailand.

Church World Services - support family planning work throughout its affiliated hospitals.

USAID - is supporting many of the family planning projects in Thailand and is supplying contraceptives through the Ministry of Health. In 1970, USAID allocated $1.3 million for contraceptives, vehicles and equipment.

It also channelled money through the University of North Carolina for improving teaching and field practice in family planning.

SOURCES

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2) Annual Reports for 1970 from IPPF supported institutions.

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16) UN Demographic Yearbook - 1969.

17) UN Statistical Yearbook - 1969.

18) Europa Yearbook - 1971.

# Situation Report

Distribution *

Country UGANDA

Date DECEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

| STATISTICS | 1950 | 1960 | LATEST AVAILABLE FIGURES |
|---|---|---|---|
| Area | | | 236,036 sq.kms. |
| Total population | | 7,190,000 (1963) | 9,526,000 (1969)[1] |
| Population growth rate | | | 2.9% (1969)[2] |
| Birth Rate | | | 45 per 1,000 (1969)[2] |
| Death Rate | | | 16 per 1,000 (1969)[2] |
| Infant Mortality Rate | | | 160 per 1,000 (1959)[1] |
| Women in fertile age group (15-44) | | | 1,496,000 (1959)[1] |
| Population under 15 | | | 41.4% (1967)[3] |
| Urban population | | | 7.2% (1970)[4] |
| GNP per capita | | | US$110 (1968)[5] |
| GNP per capita growth rate | | | 1.1% (1961-68)[5] |
| Population per doctor | | | 7,830 (1967)[6] |
| Population per hospital bed | | | 890 (1967)[6] |

1) UN Demographic Yearbook 1969

2) 1969 Census provisional estimate

3) Local estimate

4) Kingsley Davis, World Urbanisation

5) World Bank Atlas

6) UN Statistical Yearbook 1970

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*This report is not an official publication but has been prepared for informational and consultative purposes.

## GENERAL BACKGROUND

Uganda became an independent member of the British Commonwealth in 1962. General Idi Amin has been President since early 1971. Together with Kenya and Tanzania, Uganda is a member of the East African Community.

Population density is about 40 per square kilometre. Immigration from Rwanda, the Sudan and Zaire (Congo Democratic Republic) affects the demographic pattern.

### Ethnic Groups

The Uganda people are mainly Bantu or Nilo Hamitic tribes. Of the 13 major tribes, the Baganda, about 16% of the total population, are the most numerous. There is a small Asian minority and a few thousand Europeans.

### Language

English is the official language. There is no lingua franca, but Luganda is commonly spoken in the Kampala area, and Swahili is fairly widely understood.

### Religion

More than 60% of the population profess some Christian affiliation, divided about equally between Roman Catholics and Protestants. The remainder are either Muslim or Animist.

### Economy

Uganda is mainly an agricultural country, with cotton, coffee and tea as the chief cash crops, grown by thousands of African small-holders. Very little land is owned by non-Africans, and land provides a livelihood for about 90% of the population. Lake fishing and cattle rearing are also carried on.

Industry is concentrated around Jinja, where copper from the Kilembe mines is smelted. Hydro-electric power for most of the country is generated from the Owen Falls Dam. Tourism is of growing importance. The country has special economic arrangements with the other two members of the East African Community.

Main exports in 1968, in order of importance, were coffee, cotton, copper and alloys, tea, animal fodder and hides and skins. Cotton and coffee account for about 70% of exports.

### Communications/Education

| | |
|---|---|
| Radio: | 41.2 sets per 1,000 people (1970) |
| T.V. | 1.5 sets per 1,000 people (1970) |
| Cinema: | 1 seat per 1,000 people (1970) |
| Newspapers: | 7.48 copies per 1,000 people (1970) |

There are eight daily newspapers, four in Luganda and three in English. Radio Uganda broadcasts in English and about 15 local languages. Television transmits to a 50-mile radius from Kampala.

The road network is good by tropical African standards.

School enrolment (aided schools only)

1969: primary: 709,708 secondary: 35,924 university: 2,172

Adult illiteracy (i.e. 15 years +) is estimated at about 60%.

Medical

There is one Medical School and a large teaching hospital in Kampala. The state provides some benefits for sickness and accidents.

FAMILY PLANNING SITUATION

In Uganda there is close coordination of family planning and maternal and child health, primarily through the use of trained MCH demonstrators. Family planning advice is available from the Uganda Family Planning Association (UFPA) from Makerere Medical School and from the Protestant and Roman Catholic Medical Bureaux. Both UFPA and Makerere Medical School received IPPF grants up till the end of 1970, after which date the separate Medical School grant ceased. UFPA works closely with other voluntary organisations, such as World Neighbours.

History

The Family Planning Association of Uganda was founded in 1957 when a visit from a Pathfinder Fund (USA) representative stimulated a group of Asian women in Kampala to start a small scale family planning service. Clinic services were provided in the Aga Khan Health Centre. In 1963 a clinic was opened in the Kampala City Council Health Centre, and in October the following year the Association opened its own office and clinics in the centre of Kampala.

The UFPA and Makerere Medical School have enjoyed close co-operation from the beginning. Mulago Hospital, associated with the University Medical School, has included family planning as part of the post-natal services since August 1967. UFPA adopted a new constituion in July 1970 which provides for the creation of 18 branches in different parts of the country, aimed to spread family planning over a much wider area than at present.

The association became an IPPF member in 1964.

Attitudes

Recent indications are that the Government attitude towards family planning is becoming more favourable, and the new Development Programme includes a sympathetic reference to the provision of family planning services within Maternal and Child Health.

Legislation

There is no anti-contraceptive legislation.

Family Planning Association

Address: Family Planning Association of Uganda,
P.O. Box 30030,
Kampala,
Uganda. Tel: 56300

## Personnel

President: Mr.S.K. Kulubya
Vice-President: Professor R.R.Trussell
Administrative Secretary: Mrs. A.D. Malungu
Hon.Treasurer: Mr.B.K. Muwanga
Information and Education Officer: Mrs.Margaret Galukande

## Services

The association now has 43 clinics in operation, serving a monthly average of 2,160 patients. In 1970, UFPA clinics dealth with 5,524 new acceptors, 50% of these at four clinics in Kampala. The pill was the most popular contraceptive, followed by IUDs and injectables. Injectables are reported to be growing in popularity with women from up-country areas far from clinics.

A full-time medical director was appointed early in 1971. UFPA supports a full-time cytologist at Makerere Medical School, and about 3,500 papanicolaou smears were sent to the laboratory during 1970.

## Education/Information

An Information and Education Officer was appointed in March 1970, and attended both the Teheran International Workshop on Communications in Family Planning Programmes held in June 1970, and the Accra workshop on Family Planning Education in Africa, held in November 1970.

Use of mass media has increased, and the association has received the cooperation of both Radio Uganda and television. Various radio programmes, generally in the form of discussion, have covered family planning topics, and similar use has been made of television. Newspapers have also been extensively utilized as a means of informing the public about family planning activities.

A monthly newsletter was started in mid-1970 for distribution to members throughout the country. Well over 70,000 leaflets and pamphlets on various subjects were distributed during 1970. A baby show, held in January 1970, enabled the UFPA to publicise its aims and activities.

The Information and Education Officer has responsibility for the training and education programme, and supervises the fieldworkers. Field-workers pay house to house visits, carrying out motivational work, and submit monthly reports to the Information and Education Officer. At present there are 14 fieldworkers, and it is hoped to expand this number to 25 during 1972.

## Training

Training is the responsibility of the Information and Education Officer, and is given to various levels of personnel involved in family planning work. During 1970, about 16 doctors, 54 nurse/midwives, and 29 maternal and child health demonstrators received training from association personnel and Medical School staff. Some of the instruction of medical students at Makerere University is given by association staff.

During October 1970 a training week for 30 field educators was held, and a further 35 are expected to be trained in 1972. Not all of these fieldworkers will work for the UFPA; some will go on to work for other voluntary organisations.

Special Projects and Research

UFPA supports a number of projects carried out by other bodies, such as research and statistical studies on trends in child birth problems being carried out by Makerere University. Support for the cytology service is of this type. Assistance is also given to an Mbara doctor who is studying the medicinal value of herbs traditionally used at the onset of childbirth which are thought to adversely affect mother and child health.

Other research work in Uganda has been carried out, for example, under the lead of Dr. Saxton, who has initiated various studies on family planning and related socio-economic problems, including a survey of 920 Kampala women fitted with IUDs. Evaluation of Chlormademone and Medroxyprogesterone is being carried out. Mr. Stephen Taber, a demographer of Makerere University, has done studies on the relationships between family planning, population growth rate and economic development.

Professor S.M.M. Karim, professor of pharmacology at Makerere University Medical School, is carrying out research into the effects and uses of protaglandins.

Other Organisations

IPPF gives an annual grant to the UFPA.

World Neigjbours help support a clinic at Katwe, a slum area of Kampala, which is managed by UFPA.

USAID gave financial assistance to UFPA in 1970. A total of $400,000 was allocated for assistance to population projects in Uganda in 1970.

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